· U.S. Department of Labor Coffice of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY REFORE PREPARING THIS REPORT

E (SN617016)	ET BEFORE FREFARING THIS REPORT.			
1. File Number U - 878 1	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: [2 / 3] / 2004			
Name and address of person filing.	Name, file number, and address of labor organization.			
Name KRISTIN M GARDNER	Name STAGE + PICTURE OPERATORS AFLICIO LOLAL UNION 764 Labor Organization File Number 021-828			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any DND FLOOR			
Street 250 West 15TH ST. #1I	Street S45 WEST 45TH ST.			
City NEW YORK	City NEW YORK			
State NEW YORK ZIP Code + 4 10011.	State NEW TORK ZIP Code + 4 10036			
5. Position in labor organization. VICE PRESIDENT.				
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):  A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name (	The second of the second secon			
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any	7.b. Amount.			
Street	The state of the state of the second of the			
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State ZIP Code + 4	The state of the s			
Sign	nature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)				
Signed Kristin M Darile	on 8/10/05 (917) 923-7462			

Name of Person Filing	KRISTIN M	١. (	TARDN	ER	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Bus	iness (including trade name	, if any).		9. Business deals with:		
Name WELFARE	FUND OF LOCA	76-	[]	571		
Trade Name, if any:				a. Labor Organiza	ation	
P.O. Box, Bldg., Room No.	ifany 2 ND FLOO	R		b. Trust		
Street 545 WE	3T 45 TH ST	A		LAT or Employer		
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State MEN YORI	ZIP Code	+4 \ <u>00</u>	ا ــــــــــــــــــــــــــــــــــــ			
10. If 9.b. or 9.c. is checked	give trust or employer's na	me.		11.a. Nature of such deal		
Name MULTIPLE	ENTERTAINMENT		15TRY	CONTRIBUTION EMPLOYERS I		FROM COLLECTIVELY
Trade Name, if any:		EINP	LOYERS	BARGALIED AG	REEMENTS BE	TMEEN
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Street						×(3,746,458
City				<ul><li>11.b. Approximate dollar val</li><li>12.a. Nature of interest he</li></ul>	***************************************	12,776,138
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				( REGISTRATIO	N, PIRFARE,	HOTEL DEPOSIT)
,				12.b. Amount.		<u># 638</u>
C. Received from any e or from any labor relations						
13.a. Name and address of (including trade name,		s Consulta	int	14.a. Nature of payment.		
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13.b. Is the Business an E	mployer or Con	sukant [	?	14.b. Amount of payment.		

Name of Person Filing KRISTIN M. GARDN	ER	File Number U-				
3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise teaking with your labor organization or with a trust in which your labor organization is interested.						
3. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name PENISTON FUND OF LOCAL TIGHT	X a. Labor Organization					
	b. Trust					
P.O. Box, Bidg., Room No., if any Street 545 Liest 45 <sup>TH</sup> 5	X c. Employer					
CHY NEW YORK						
State IN ENTYONE ZIP Code + 4 1003 G						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dea	ding.				
Name MULTIPLE CHTERTANIMENT HDISTRY	ACON TRIBUTION	S RECEIVED FROM				
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	12.b. Amount.	<u> </u>				
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.					
(including trade name, if any).  Name						
Trade Name, if any:						
P.O. Box, Bidg., Room No., if any						
Street Street	3.1 h · · · · · · · · · · · · · · · · · ·					
City						
State State ZIP Code + 4						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of paymen	tt.				

Name of Person Filing KRISTIN M. GARDNI	E.R File Number U-					
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3. Name and address of Business (including trade name, if any).	9. Business deals with:					
Name AMMUNTH FUND OF LOCALTEY						
Trade Name, if any:	a. Labor Organization					
P.O. Box, Bldg., Room No., if any 2 NO FLOOK	b. Trust  C. Employer					
Street 545 WEST 45 TH 37	[23] C. Employer					
CHY NEW YORK						
State NEW YORK ZIP Code +4 170036						
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.					
Name MULTIPLE ENTERTAINMENT INDUSTRY  EMPLOYERS  Trade Name, if any	CONTRIBUTIONS RECEIVED FROM EMPROHERS PURSUANT TO CONCECTIVELY BARCAINED AGREEMENTS BETHEEN					
P.O. Box, Bidg., Room No., if any	LOCAL TGY aND MULTIPLE					
The state of the s	EMTERTALMMENT INDUSTRY EMPLOYERS.					
Street	11.b. Approximate dollar value of such dealing. R 2,662,971					
State ZIP Code + 4	12.a. Nature of interest held or income received.  DIRECT RECEIPT COMPERENCE  (RECISTRATION, AIREARE, HOTEL DEPOSIT)					
	12.b. Amount.					
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) y or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.					
Name						
Trade Name, if any:						
P.O. Box, Bklg., Room No., if any						
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City						
State ZIP Code + 4						
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					